FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:47

DOCUMENT # J29079 (7)

1. Corporation Name
ARBOR LIVING CENTERS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O CENTRAL PARK LODGES, INC.~~ ~~1970 LANDINGS BLVD., STE. 200~~ ~~SARASOTA FL 34231~~	~~C/O CENTRAL PARK LODGES, INC.~~ ~~1970 LANDINGS BLVD., STE. 200~~ ~~SARASOTA FL 34231~~

3. Date Incorporated or Qualified: 08/11/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 10065 Red Run Blvd
22: Suite, Apt. #, etc.
23: Owings Mills MD
24: 21117 Zip
25: USA Country

2a. Mailing Address
26: 10065 Red Run Blvd.
27: Suite, Apt. #, etc.
28: Owings Mills MD
29: 21117 Zip
30: USA Country

4. FEI Number: 59-2715757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~JOHNSEN, WILLIAM A.~~
~~CENTRAL PARK LODGES, INC.~~
~~1970 LANDINGS BLVD., STE. 200~~
~~SARASOTA FL 34231~~

10. Name and Address of New Registered Agent

61 Name: CT Corporation Systems
62 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
63:
64 City: Plantation FL 65 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Asst Sec DATE: 2-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~WARNKE, NORBERT W.~~	1.2 NAME	Cirka, Lawrence P.	
STREET ADDRESS	~~1970 LANDINGS BLVD.~~	1.3 STREET ADDRESS	10065 Red Run Blvd	
CITY-ST-ZIP	~~SARASOTA FL~~	1.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~BABBIE, FRED~~	2.2 NAME	Elkins, Marshall A.	
STREET ADDRESS	~~1970 LANDINGS BLVD.~~	2.3 STREET ADDRESS	10065 Red Run Blvd,	
CITY-ST-ZIP	~~SARASOTA FL~~	2.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	~~VD~~	3.1 TITLE	V	☒ Change ☐ Addition
NAME	~~OVERTON, JOHN W.~~	3.2 NAME	Cahill, Dennis	
STREET ADDRESS	~~1970 LANDINGS BLVD.~~	3.3 STREET ADDRESS	10065 Red Run Blvd.	
CITY-ST-ZIP	~~SARASOTA FL~~	3.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	~~VDT~~	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~MILLS, GEOFF D.~~	4.2 NAME	Lewin, Marc B.	
STREET ADDRESS	~~1970 LANDINGS BLVD.~~	4.3 STREET ADDRESS	10065 Red Run Blvd.	
CITY-ST-ZIP	~~SARASOTA FL~~	4.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	~~VS~~	5.1 TITLE	V	☒ Change ☐ Addition
NAME	~~JOHNSEN, WILLIAM A.~~	5.2 NAME	Pickett, Taylor	
STREET ADDRESS	~~1970 LANDINGS BLVD.~~	5.3 STREET ADDRESS	10065 Red Run Blvd,	
CITY-ST-ZIP	~~SARASOTA FL~~	5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
TITLE	~~AS~~	6.1 TITLE		☒ Change ☐ Addition
NAME	~~MILLER, MORRIS H.~~	6.2 NAME		
STREET ADDRESS	~~1970 LANDINGS BLVD.~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~SARASOTA FL~~	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Taylor Pickett 2/3/95 (410) 998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0310002 CP